

ANTHONY A. WILLIAMS, MAYOR

Executive Office of the Mayor



**AMERICORPS*STATE
2004 APPLICATION INSTRUCTIONS
PRIME APPLICATION #04ACO39807**

**Vince Micone
Chairperson**

**Thomasenia Duncan
Vice Chairperson**

OMB Control #: 3045-0047

Expiration Date: 03/31/2005

IMPORTANT NOTICE

The Corporation for National and Community Service has changed its application instructions to conform with its on-line grant application system named eGrants. The Corporation's eGrants website system will serve applicants and grantees until the government-wide E-Grants portal is available for use. It is the Corporation's intention to participate in this E-Gov initiative when it is available.

Public Burden Statement: The Paperwork Reduction Act of 1995 requires the Corporation to inform all potential person who are to respond to this collection of information that such persons are not required to respond unless it displays a currently valid OMB control number. (See 5 C.F.R.

1320.5(b)(2)(i)). **Time Burden:** The time required to complete this collection of information is estimated to average 10 hours per applicant, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

Use of Information: The information collected constitutes an application to the Corporation for grant funding. The Corporation evaluates the application and makes funding decisions through the Corporation's grant review and selection process. **Effects of Non-Disclosure:** Providing this information is voluntary; however, failure to provide the information would not allow the Corporation to assess the applicant's request for funding. Therefore it would not be possible to consider granting funds to the applicant. **Public**

Comments: Comments on the burden or content of this instrument may be sent to the Corporation for National and Community Service, 9th floor, Attn: Ms. Nancy Talbot, 1201 New York Avenue, N.W. Washington, D.C. 20525.

TABLE OF CONTENTS

IMPORTANT NOTICE	2
AMERICORPS*STATE APPLICATION INSTRUCTIONS.....	4
COMPLIANCE REQUIREMENTS FOR NEW AMERICORPS STATE APPLICATIONS.....	4
APPLICATION INSTRUCTIONS FOR NEW AMERICORPS*STATE PROGRAMS	5
I. SF424 Facesheet (Applicant & Application tabs).....	5
II. Survey on Ensuring Equal Opportunity for Applicants (Menu Tab).....	5
III. Authorization, Assurances, and Certifications (Assurances & Certification tab).....	6
IV. Narrative (Narrative tab)	6
A. Executive Summary	6
B. Summary of Accomplishments and Outcomes.....	7
C. Program Design.....	7
V. Service Categories	8
VI. Performance Measurements (Performance Measure tab).....	8
VII. Budget.....	9
VIII. Additional Documents.....	10
APPENDIX A: FACESHEET INSTRUCTIONS.....	14
APPENDIX B: SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS	15
APPENDIX C: ASSURANCES AND CERTIFICATIONS	17
APPENDIX D: SERVICE CATEGORIES	22
APPENDIX E1: OUTPUT PERFORMANCE MEASUREMENT.....	23
APPENDIX E2: INTERMEDIATE –OUTCOME PERFORMANCE MEASUREMENT	24
APPENDIX E3: END OUTCOME PERFORMANCE MEASUREMENT	25
APPENDIX F: BUDGET INSTRUCTIONS	26
APPENDIX G: BUDGET WORKSHEET.....	31
APPENDIX H: BUDGET	35
APPENDIX I: BUDGET ANALYSIS CHECKLIST	36
APPENDIX J: DEFINITIONS	39

AMERICORPS*STATE APPLICATION INSTRUCTIONS

THE PRIME APPLICATION NUMBER: 04AC039807

The following application instructions detail the submission requirements for new AmeriCorps*State applications. Use these instructions to prepare your application. In addition, you need to carefully read the 2004 AmeriCorps Application Guidelines to complete your application. The deadline for submission is 5:00 p.m. on January 5, 2004. Late applications will not be accepted. An application is considered late at 5:01 p.m.

The Corporation has developed a grants management system, called eGrants, that includes on-line grant applications, awards, and reporting. To access eGrants, go to the Corporation's website (www.nationalservice.org) to set up an eGrants account. For additional assistance, the eGrants Manual is found at <http://www.nationalservice.org/egrants/manual/aboutegrants.html>. Chapter 3 of the manual gives specific instructions for filling out a grant.

COMPLIANCE REQUIREMENTS FOR NEW AMERICORPS STATE APPLICATIONS

Applicants are required to:

- ☐ Submit applications by the posted deadline.
- ☐ Organize your application in the sequence outlined in these instructions.
- ☐ Adhere to the character limits listed in the narrative section below.
- ☐ Complete the Summary of Accomplishments and Outcomes.
- ☐ Submit a recent evaluation of your program, if you have one (see page 10). Do not submit any other supplementary materials such as annual reports, videos, brochures, letters of support, or any supplementary material not requested in the application. They will not be reviewed.

DC CNCS will not review applications that:

- ☐ are submitted in eGrants after the deadline; or
- ☐ do not include the Summary of Accomplishment and Outcomes, if applicable.

APPLICATION INSTRUCTIONS FOR NEW AMERICORPS*STATE PROGRAMS

See the 2004 AmeriCorps Application Guidelines for a detailed description of the review and selection criteria peer reviewers, staff and Commissioners will apply in their review of new applications. If your program is currently in its final year of its grant cycle, you must apply using these application instructions.

General Submission Information. Your application consists of the following components. Please make sure to address each one.

- I. **SF424 Facesheet**
- II. **Survey on Ensuring Equal Opportunity for Applicants**
- III. **Authorization, Assurances, and Certifications**

- IV. Narrative**
- V. Service Categories**
- VI. Performance Measurements**
- VII. SF424 Budget**
- VIII. Documents**

- ❑ Prepare and save your application as a word processing document prior to entering it into eGrants..
- ❑ Use only uppercase letters for all section headings and other information you would like to highlight in your narrative. Bold face, bullets, underlines, or other types of formatting, charts, diagrams, and tables will not copy into eGrants. Do not use any of these in your application.
- ❑ Remember to follow the character limits listed below. Character limits are used rather than page limits because of the structure of eGrants. Characters are letters, punctuation, and spaces included in your document. Your word processing software can provide a character count.
- ❑ Grant applications submitted after October 1, 2003, must provide a Dun and Bradstreet Data Universal Numbering System (DUNS) number. The DUNS number is known as the universal identifier and helps the federal government improve statistical reports on federal grants and cooperative agreements. The DUNS number will not replace the EIN. DUNS numbers may be obtained at no cost by calling the DUNS number request line at (866) 705-5711 or online at <http://www.dnb.com>. It may take up to 30 days to receive a DUNS number after applying.
- ❑ The Corporation has added a DUNS Number field on the Applicant tab in eGrants.....If you already have an account, create your 2004 application, and then edit your organization information by clicking on the “Edit Organization” button on the Applicant tab and adding the DUNS number in the provided field.

I. SF424 Facesheet (Applicant & Application tabs)

Complete the Applicant and Application tabs. See Appendix A.

II. Survey on Ensuring Equal Opportunity for Applicants (Menu Tree)

The Corporation and other Federal agencies are collaborating with the White House Office of Faith-Based and Community Initiatives (FBCI) to conduct a survey of organizations that have received Federal funding. The purpose of this voluntary information collection is to compile statistics on the types of organizations that apply to the Corporation for funds, such as number of employees, budget size, and self-identification as a faith-based/religious organization or a non-religious community-based organization.

This form is for applicants that are nonprofit private organizations (not including private universities). All information from the attached survey will be confidential and the responses will be aggregated in-house for a summary report. Information provided on your form will not be released and will not be considered in any way in making future funding decisions.

There are two ways to access the survey. 1) Go to the Menu tree and click on Enter Survey on Ensuring Equal Opportunity Node. 2) After completing your application, click Submit. If you have not completed the survey, a pop-up box will appear and ask you if you would like to complete the survey. You may select Yes, No, or Remind Me Later. If you select “Remind Me Later” you will be

asked to fill in the survey next time you attempt to submit an application to the Corporation for National and Community Service.

III. Authorization, Assurances, and Certifications (Assurances & Certification tab)

Read the authorization, assurances, and certifications carefully. Complete the Assurances and Certifications tab. See Appendix A #17 and Appendix B.

IV. Narrative (Narrative tab)

Provide a well-designed program plan with a clear and compelling justification for awarding the requested funds. The narrative covers the three-year program period for which you are requesting approval. The selection criteria and their percentage weights are cited below.

The Narrative includes:

Executive Summary (4,000 characters¹)

Summary of Accomplishments and Outcomes, if applicable (4,000 characters)

Program Design (60%) (use Program Narrative and Program Narrative Continued fields. Include Program Design as a heading and the three headings below in all capital letters)

Needs and Service Activities

Member Development

Strengthening Communities

Organizational Capacity (25%) (use Program Narrative and Program Narrative Continued fields. Include Organizational Capacity as a heading in all capital letters.)

Budget/Cost Effectiveness (15%) (use Program Narrative and Program Narrative Continued fields. Use Budget/Cost Effectiveness as a heading in all capital letters)

The maximum length for Needs and Service Activities, Member Development, Strengthening Communities, Organizational Capacity, and Budget/Cost Effectiveness is 41,000 characters. Each of the two program narrative fields has a maximum capacity of 32,000 characters. However, the total of these two fields combined cannot be more than 41,000 characters.

A. Executive Summary

Provide a concise overview of your proposed program that summarizes the need, planned activities to address the need, anticipated outcomes, and how you will measure these outcomes.

The maximum length for the Executive Summary is 4,000 characters.

B. Summary of Accomplishments and Outcomes

Complete this section: (1) AmeriCorps programs that currently receive funds or (2) has received Corporation program funds of any type within the last three years must complete this section. If you receive or have received Corporation program funds and you omit this section, we will not review your application.

Provide a clear description of the accomplishments and outcomes you achieved in relation to your AmeriCorps objectives during the past three-year project period.

¹ Characters = all letters, punctuation, and spaces included in a document.

Include a list of the other type(s) of Corporation program funds your organization received during the past three years. **The maximum length for the Summary of Accomplishments and Outcomes is 4,000 characters.**

C. Program Design

If you are unable to include any element listed in the 2004 AmeriCorps Guidelines as part of your program, either because of your program model, or for any other reason, please include an explanation in your application. We will consider your explanation during the grant application review process.

1. Needs and Service Activities

Before you complete this section, carefully read Needs and Service Activities in the 2004 AmeriCorps Guidelines. The guidelines provide specific information that will help you to address the topics below.

- a) Needs** – Describe the specific need(s) your program will address. Include a well documented, compelling description of the need in the communities you intend to serve and how the needs were identified.
- b) Description of Activities** – Include a detailed description of proposed activities that relate to the need(s) your program will address. Discuss members' role in these activities.
- c) Accomplishment in Proposed Activity Areas** – Describe your organization's history and past accomplishments in the proposed activity areas.
- d) Involvement of Community** – Describe how you involved the target communities in identifying community needs and planning your program; discuss how you will include them in your program implementation.
- e) Prohibited Service Activities** – Describe how you will ensure compliance with rules on prohibited service activities.

2. Member Development

Before you complete this section, carefully read Key Elements of Member development in the 2004 AmeriCorps Guidelines. The guidelines provide specific information that will help you to address the topics below.

- a) Recruitment** – Describe how your organization will recruit members to serve in this program.
- b) Member Support** – Describe clear plans for orienting, supervising, training and developing members.
- c) Citizenship** – Describe how members will develop an understanding of civic responsibility and attain citizenship knowledge, skills, and attitudes.

3. Strengthening Communities

Before you complete this section, carefully read Strengthening Communities in the 2004 AmeriCorps Guidelines. The guidelines provide specific information that will help you to address the topics below.

- a) **Developing Community Resources** – Describe how your organization plans to develop community resources including the recruitment and management of volunteers.
- b) **Community Partnerships**—Describe the community partnerships you intend to develop including well-defined roles for faith and community-based organizations.
- c) **Capacity Building** – Describe plans for increasing the capacity of the organizations and institutions where members are serving and its relationship to sustainability. Describe members' role in these activities.
- d) **Sustainability** –Describe plans for achieving sustainability.
- e) **Higher Education Institutions only:** Describe your institution's efforts to support community service under Federal Work Study (FWS). Include the percentage of your school's 2002-2003 FWS funds that were used for community service placements and your plans for further efforts in this area. See pages 25-26 in the 2004 AmeriCorps Guidelines.

D. Organizational Capacity

Describe your organization's overall capacity to operate an AmeriCorps program. In this section include the following topics.

1. Ability to provide sound program and fiscal oversight.
2. Plans for monitoring host sites, if applicable.
3. Experience in or ability to administer a federal grant.
4. Role(s) of key staff person(s) responsible for the program.
5. Track record of accomplishments as an organization.
5. Plans or systems for self-assessment, evaluation, and continuous improvement.

E. Budget/Cost Effectiveness

Non-federal support and sustainability

1. Discuss how your program will attempt to build community support and support from other funding sources.
2. Discuss what match commitments (in-kind and cash) you have, what commitments you plan to secure and how you will secure them.

V. Service Categories (performance measure tab)

Enter the information in the performance measure tab. See Appendix C. The service categories appear on the performance measure tab in eGrants. However, there is no direct correlation between the service categories and your performance measures. Therefore, please check as many service categories as apply to your program activities.

VI. Performance Measurement Worksheet (performance measure tab)

Before you complete this section, read Appendix B of the 2004 AmeriCorps Application Guidelines. Also see the Performance Measurement Toolkit on the Corporation's website: www.americorps.org.

We will review and consider your performance measures using the Program Design section of the selection criteria. Your performance measures should be clearly linked to the program narrative and focus on the areas in which you expect to make the greatest impact. Performance measures should cover a period of three years, with targets set for each year whenever possible based on the type of data collected. Progress will be reviewed each year. At a minimum, we expect programs to report

on an output performance measure at the end of the first year, an intermediate-outcome measure at the end of the second year, and an end-outcome measure at the end of the third year. However, we encourage programs to move rapidly to an outcome-based performance measurement system. Expectations regarding when grantees will report on their performance measures will be a part of the grant negotiation process.

Include at least three performance measures. Among those should be at least one output, one intermediate-outcome, and one end-outcome measure and at least one performance measure in each of the three categories – Needs and Service Activities, Member Development, and Strengthening Communities. Finally, at least one of the three measures should reflect the goal related to managing and recruiting volunteers unless your narrative describes why you cannot address this element. If volunteer recruitment and management cannot be part of your program, please explain this in your narrative

Complete a Performance Measurement Worksheet for each of your performance measures following the instructions in Appendix D. The example in the Appendix is for a brand new program. Performance measures will be different based upon the longevity of the AmeriCorps program, the nature of the program, and the performance indicators you use.

VII. Budget (Enter/Edit Budget Button on Applicant Tab)

The budget should be sufficient to perform the tasks described in the proposal narrative. Do not include unexplained amounts for miscellaneous or contingency costs or unallowable expenses such as entertainment costs. Round all figures to the nearest dollar.

Follow the instructions in Appendix E to prepare your detailed budget. We recommend you prepare your project budget off-line before entering it into eGrants following the same order as the Budget Worksheet in Appendix F. eGrants will create the budget and the budget narrative automatically from the detailed budget information you entered. The format of the budget can be found in Appendix G. Budget Categories are:

Section I: Program Operating Costs

- A. Personnel
- B. Personnel Fringe Benefits
- C. Travel
 - 1. Staff
 - 2. Members
- D. Equipment
- E. Supplies
- F. Contractual and Consultant Services
- G. Training
 - 1. Staff
 - 2. Member
- H. Evaluation
- I. Other Operating Costs

Section II. Member Costs

- A. Living Allowance

B. Member Support Costs

Section III. Administrative/Indirect Costs

VIII. Additional Documents (Documents tab)

All additional documents must be submitted to DC CNCS by the application deadline.

A. Program Evaluations

Applicants should provide an evaluation completed in the last four years, if one is available. Submit either an electronic or printed version of the complete evaluation with a one paragraph summary as a coversheet. Include a copy of your facesheet with your program evaluation for identification purposes.

B. Financial Audit/Information – NOT APPLICABLE

Applicants for new funding must provide your most recent A-133 audit, your organization's financial audit, or other financial statements if you have not had a formal audit.

APPENDIX A - FACESHEET INSTRUCTIONS (EGRANTS “APPLICANT” AND “APPLICATION” TABS)

This form is required for applications submitted for federal assistance.

Item

1. Filled in for your convenience.
2. Self-explanatory.
3. 3.a. and 3.b. are for State use only (if applicable).
4. Item 4.a: Leave blank
Item 4.b: If you are a recipient in year 2 or 3 of an already-awarded grant, enter the grant number. Otherwise, leave blank.
5. Enter the following information:
 - a. The complete name of the organization that will be legally responsible for the grant. Not the name of the organizational unit within the legally responsible organization. (For example, indicate “National University” instead of “Liberal Arts Department.”)
 - b. The name of the primary organizational unit that will undertake the assistance activity, if different from 5.a.
 - c. Your organization’s complete address with the 5 digit ZIP code. The four-digit extension is optional.
 - d. The name and contact information of the project director or other person to contact on matters related to this application.
6. Enter your Employer Identification Number (EIN) as assigned by the Internal Revenue Service.
7. Item 7.a.: Enter the appropriate letter in the box.
Item 7.b: Consult the following list of characteristics of applicants and enter (all that apply) the corresponding numbers, each in a separate blank.

1. 2-year college	16. Local Education Agency
2. 4-year college	17. Local Government Municipal
3. Area Agency on Aging	18. National Non-profit (Multistate)
4. Chamber of Commerce/Business Association	19. Other Native American Organization
5. Community Action Agency/ Community Action Program	20. Other State Government
6. Community College	21. School (K-12)
7. Community-Based Organization	22. Self-Incorporated Senior Corps Project
8. Faith-based organization	23. Service/Civic Organization
9. Governor’s Office	24. State Commission/Alternative Administrative Entity
10. Grant-making Entity Operating in Two or More States	25. State Education Agency
11. Health Department	26. Statewide Association
12. Hispanic Serving College or University	27. Tribal Government Entity
13. Historically Black College or University (HBCU)	28. Tribal Organization (non-government)
14. Law Enforcement Agency	29. U.S. Territory
15. Local Affiliate of National Organization	30. Vocational/Technical College
	31. Volunteer Management Organization

8. Check the appropriate box for type of application and enter the appropriate letter(s) in the lower boxes:
 - a. Check “New” if you are applying for assistance for the first time or are reapplying for a new grant cycle.
 - b. Check “Continuation” if you are a grantee applying for your second or third year of funding within your 3-year project period.
 - c. Check “Amendment” if you are a grantee proposing any change in your budget or requesting a no cost extension.
 - d. Check “New Application/Previous Grantee” if this is an application for an AmeriCorps*State program and you are reapplying for a new grant cycle.

If you are proposing an amendment to your grant, check the type of revision you are submitting.

- a. Select “Augmentation” if you are an AmeriCorps*State grantee submitting a revised budget to incorporate a Corporation-authorized increase.
 - b. Select “Budget Revision” to make a change in the grant budget, including slots.
 - c. Select “No cost Extension” to request an extension of the grant period, then enter the extension date requested in the blank following the checkbox. No-cost extensions can be requested only in the third year of the 3-year grant cycle and must be requested before the project period ends.
 - d. Select “Other,” as applicable, and specify in the blank provided.
9. Filled in for your convenience.
10. Use the following list of CFDA (Catalog of Federal Domestic Assistance) numbers for the applicable program listing, or other source if so instructed in the NOFA:

94.006 AmeriCorps*State and National Direct

11.
 - a. Enter the title project. “Continuation,” “Amendment,” and “New Applicant/Previous Grantee” applicants should use the same title as their original or previous application.
 - b. Enter the name of the CNCS program initiative, if any, as provided in the instructions corresponding to the NOFA for which you are applying; otherwise, leave blank.
12. List only the largest political entities affected (e.g., counties, and cities).
13. (see item 8)
 - “New” application or “New application/previous grantee”: Enter the dates for the proposed project period.
 - “Continuation” or “Amendment” application: Enter the dates of the approved project period.
14. Check the appropriate box to indicate the grant year for which funding is being requested. Enter the amount requested or to be contributed during this budget period on the appropriate line, as shown below. The value of in-kind contributions should be included in these amounts, as applicable. For revisions (See item 8), if the action will result in a dollar change to an existing award, include only the amount of the change. For decreases, enclose the amounts in parentheses.

<ol style="list-style-type: none"> a. Federal b. Applicant c. Local d. State e. Other f. Program Income g. Total 	<p>The total amount of Federal funds being requested in the budget.</p> <p>The total amount of the applicant share as entered in the budget.</p> <p>The amount of the applicant share that is coming from local sources.</p> <p>The amount of the applicant share that is coming from state sources.</p> <p>The amount of the applicant share that is coming from other sources.</p> <p>The amount of the applicant share that is coming from income generated by programmatic activities.</p> <p>The applicant's estimate of the total funding amount for the agreement</p>
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15. Indicate if this application is subject to review by the state "Executive Order 12372 Process" by checking the box. Executive Order 12372, "Intergovernmental Review of Federal Programs," was issued with the desire to foster the intergovernmental partnership and strengthen federalism by relying on state and local processes for the coordination and review of proposed federal financial assistance and direct Federal development. The Order allows each state to designate an entity to perform this function. A list of these "Single Point of Contact" entities can be found at: <http://www.whitehouse.gov/omb/grants/spoc.html>. Contact the Single Point of Contact to determine whether your application is subject to the state intergovernmental review process.
- a. If Yes, indicate the date a copy of your application was submitted to the state for review under the Executive Order 12372 Process
 - b. If No, check the appropriate box.
16. Check the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit allowances, loans, and taxes. If Yes, attach an explanation.
17. The person who signs this form must be the applicant's authorized representative. A copy of the governing body's authorization for this official representative to sign must be on file in the applicant's office.

Note: Falsification or concealment of a material fact, or submission of false, fictitious or fraudulent statements or representations to any department or agency of the United States Government may result in a fine of not more than \$10,000 or imprisonment for not more than five (5) years, or both. (18 U.S. Code Section 1001)

PART I - FACESHEET

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):		3. a. DATE RECEIVED BY STATE: 4. a. DATE RECEIVED BY CNCS:	1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Non-Construction																					
3.b. STATE APPLICATION IDENTIFIER:		4.b. CNCS GRANT NUMBER:																						
5. APPLICANT INFORMATION																								
5a. LEGAL NAME: 5b. ORGANIZATIONAL UNIT: 5c. ADDRESS (give street address, city, county, state and zip code):		5d. NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: TELEPHONE NUMBER: () - FAX NUMBER: () - INTERNET E-MAIL ADDRESS: WEBSITE:																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div>		7.a. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> <div style="display: flex; justify-content: space-between; font-size: small;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District O. Other (specify) _____ </div> <div> H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Private Non-Profit Organization </div> </div>																						
8. TYPE OF APPLICATION (Check appropriate box): <input type="checkbox"/> NEW <input type="checkbox"/> NEW/PREVIOUS GRANTEE <input type="checkbox"/> CONTINUATION <input type="checkbox"/> AMENDMENT If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. AUGMENTATION: <input type="checkbox"/> B. BUDGET REVISION: <input type="checkbox"/> C. NO COST EXTENSION: <input type="checkbox"/> to _____ (enter date) E. OTHER (specify below): <input type="checkbox"/> _____		7.b. CNCS APPLICANT CHARACTERISTICS Enter appropriate code in each blank: _____, _____, _____, _____, _____																						
9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service																								
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> Name of Program		11. a. TITLE OF APPLICANT'S PROJECT:																						
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc.):		11.b. CNCS PROGRAM INITIATIVE (IF ANY):																						
13. PROPOSED PROJECT: START DATE: END DATE:																								
14. ESTIMATED FUNDING: Check applicable box: Yr 1: <input type="checkbox"/> Yr 2: <input type="checkbox"/> or Yr 3: <input type="checkbox"/> <table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <tr><td style="width:20%;">a. FEDERAL</td><td style="width:10%;">\$</td><td style="width:10%;"></td></tr> <tr><td>b. APPLICANT</td><td>\$</td><td></td></tr> <tr><td>c. STATE</td><td>\$</td><td></td></tr> <tr><td>d. LOCAL</td><td>\$</td><td>N/A</td></tr> <tr><td>e. OTHER</td><td>\$</td><td>N/A</td></tr> <tr><td>f. PROGRAM INCOME</td><td>\$</td><td>N/A</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td></td></tr> </table>		a. FEDERAL	\$		b. APPLICANT	\$		c. STATE	\$		d. LOCAL	\$	N/A	e. OTHER	\$	N/A	f. PROGRAM INCOME	\$	N/A	g. TOTAL	\$		15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. FEDERAL	\$																							
b. APPLICANT	\$																							
c. STATE	\$																							
d. LOCAL	\$	N/A																						
e. OTHER	\$	N/A																						
f. PROGRAM INCOME	\$	N/A																						
g. TOTAL	\$																							
16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input type="checkbox"/> NO																								
17. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																								
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:		b. TITLE:																						
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:		c. TELEPHONE NUMBER:																						
		e. DATE SIGNED:																						

APPENDIX B - Survey on Ensuring Equal Opportunity for Applicants



SURVEY ON ENSURING EQUAL OPPORTUNITY FOR APPLICANTS

Federal Agency Use Only

OMB No. 3045-0047 Exp. 3/31/2005

Purpose: The Federal government is committed to ensuring that all qualified applicants, small or large, non-religious or faith-based, have an equal opportunity to compete for Federal funding. In order for us to better understand the population of applicants for Federal funds, we are asking nonprofit private organizations (not including private universities) to fill out this survey.

Upon receipt, the survey will be separated from the application. Information provided on the survey will not be considered in any way in making funding decisions and will not be included in the Federal grants database. While your help in this data collection process is greatly appreciated, completion of this survey is voluntary.

Instructions for Submitting the Survey: If you are applying using a hard copy application, please place the completed survey in an envelope labeled "Applicant Survey." Seal the envelope and include it along with your application package. If you are applying electronically, please submit this survey along with your application.

Applicant's (Organization) Name: _____

Applicant's DUNS Number: _____

Grant Name: _____ **CFDA Number:** _____

- | | |
|---|---|
| 1. Does the applicant have 501(c)(3) status?

<input type="checkbox"/> Yes <input type="checkbox"/> No | 4. Is the applicant a faith-based/religious organization?

<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. How many full-time equivalent employees does the applicant have? (<i>Check only one box.</i>)

<input type="checkbox"/> 3 or Fewer <input type="checkbox"/> 15-50
<input type="checkbox"/> 4-5 <input type="checkbox"/> 51-100
<input type="checkbox"/> 6-14 <input type="checkbox"/> over 100 | 5. Is the applicant a non-religious community-based organization?

<input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. What is the size of the applicant's annual budget?
(<i>Check only one box.</i>)

<input type="checkbox"/> Less Than \$150,000
<input type="checkbox"/> \$150,000 - \$299,999
<input type="checkbox"/> \$300,000 - \$499,999
<input type="checkbox"/> \$500,000 - \$999,999
<input type="checkbox"/> \$1,000,000 - \$4,999,999
<input type="checkbox"/> \$5,000,000 or more | 6. Is the applicant an intermediary that will manage the grant on behalf of other organizations?

<input type="checkbox"/> Yes <input type="checkbox"/> No

7. Has the applicant ever received a government grant or contract (Federal, State, or local)?

<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Is the applicant a local affiliate of a national organization?

<input type="checkbox"/> Yes <input type="checkbox"/> No |

Survey Instructions on Ensuring Equal Opportunity for Applicants

Provide the applicant's (organization) name and DUNS number and the grant name and CFDA number.

1. 501(c)(3) status is a legal designation provided on application to the Internal Revenue Service by eligible organizations. Some grant programs may require nonprofit applicants to have 501(c)(3) status. Other grant programs do not.
2. For example, two part-time employees who each work half-time equal one full-time equivalent employee. If the applicant is a local affiliate of a national organization, the responses to survey questions 2 and 3 should reflect the staff and budget size of the local affiliate.
3. Annual budget means the amount of money your organization spends each year on all of its activities.
4. Self-identify.
5. An organization is considered a community-based organization if its headquarters/service location shares the same zip code as the clients you serve.
6. An "intermediary" is an organization that enables a group of small organizations to receive and manage government funds by administering the grant on their behalf.
7. Self-explanatory.
8. Self-explanatory.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is **3045-0047**. The time required to complete this information collection is estimated to average five (5) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** Corporation for National and Community Service, 1201 New York Avenue, NW, Suite #9813, Washington, D.C. 20525.

If you have comments or concerns regarding the status of your individual submission of this form, write directly to: *Nancy Talbot*, Planning Program and Development, Corporation for National and Community Service, 1201 New York Avenue, NW, Suite #9813, Washington, D.C. 20525.

APPENDIX C - Assurances and Certifications (Assurances & Certifications tab)

Instructions

By signing and submitting this application, as the duly authorized representative of the applicant, you certify that the applicant will comply with the Assurances and Certifications described below.

a) Inability to certify

Your inability to provide the assurances and certifications listed below will not necessarily result in denial of a grant. You must submit an explanation of why you cannot do so. We will consider your explanation in determining whether to enter into this transaction. However, your failure to furnish an explanation will disqualify your application.

b) Erroneous certification or assurance

The assurances and certifications are material representations of fact upon which we rely in determining whether to enter into this transaction. If we later determine that you knowingly submitted an erroneous certification or assurance, in addition to other remedies available to the federal government, we may terminate this transaction for cause or default.

c) Notice of error in certification or assurance

You must provide immediate written notice to us if at any time you learn that a certification or assurance was erroneous when submitted or has become erroneous because of changed circumstances.

d) Definitions

The terms "covered transaction", "debarred", "suspended", "ineligible", "lower tier covered transaction", "participant", "person", "primary covered transaction", "principal", "proposal", and "voluntarily excluded" as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. An applicant shall be considered a "prospective primary participant in a covered transaction" as defined in the rules implementing Executive Order 12549. You may contact us for assistance in obtaining a copy of those regulations.

e) Certification requirement for subgrant agreements

You agree by submitting this proposal that if we approve your application you shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by us.

f) Certification inclusion in subgrant agreements

You agree by submitting this proposal that you will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transactions," provided by us, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

g) Certification of subgrant principals

You may rely upon a certification of a prospective participant in a lower-tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless you know that the certification is erroneous. You may decide the method and frequency by which you determine the eligibility of your principals. You may, but are not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

h) Non-certification in subgrant agreements

If you knowingly enter into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, we may terminate this transaction for cause or default.

i) Prudent person standard

Nothing contained in the foregoing may be construed to require establishment of a system of records in order to render in good faith the assurances and certifications required. Your knowledge and information is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

ASSURANCES

As the duly authorized representative of the applicant, I certify, (to the best of my knowledge) and belief, that the applicant:

1. Has the legal authority to apply for federal assistance, and the institutional, managerial, and financial capability (including funds sufficient to pay the non-federal share of program costs) to ensure proper planning, management, and completion of the program described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the state, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with all rules regarding prohibited activities, including those stated in applicable application guidelines, grant provisions, and program regulations, and will ensure that no assistance made available by the Corporation will be used to support any such prohibited activities.
6. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 CFR 900, Subpart F).
7. Will comply with all federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicaps (d) The Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) The Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) sections 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the National and Community Service Act of 1990 or the Domestic Volunteer Services Act, as amended; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
8. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of federal or federally assisted programs. These requirements apply to all interests in real property acquired for program purposes regardless of federal participation in purchases.
9. Will comply, as applicable, with the provisions of the Hatch Act (5 U.S.C. 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
10. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C 276a and 276a-7), the Copeland Act (40 U.S.C 276c and 18 U.S.C. 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333), regarding labor standards for Federally assisted construction sub-agreements.
11. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires the recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
12. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of program consistency with the approved state management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C 1451 et seq.); (f) conformity of federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42

U.S.C. 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).

13. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
14. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification, and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16U.S.C. 469a-l et seq.).
15. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
16. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
17. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
18. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984, as amended, and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations.
19. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, application guidelines, and policies governing this program.

CERTIFICATIONS

1. Lobbying (Activities)

As required by Section 1352, Title 31 of the U.S. Code, as the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that:

- (a) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer of Congress in connection with the making of any federal grant, the entering into of any cooperative agreement, and the extension, renewal, amendment or modification of any federal grant, or cooperative agreement;
- (b) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;
- (c) The undersigned shall require that the language of this certification be included in the award documents for all tiers (including subawards, subgrants, contracts under grants and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

2. Debarment, Suspension, and Other Responsibility Matters

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 34 CFR Part 85, Section 85.510, Participants' responsibilities.

A. As the duly authorized representative of the applicant, I certify, to the best of my knowledge and belief, that neither the applicant nor any of the principals:

- (a) Is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency.
- (b) Has, within a three-year period preceding this application, been convicted of, or had a civil judgment entered in connection with fraud or other criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

(c) Is presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in the above paragraph of this certification, and

(d) Has within a three-year period preceding this application, had one or more public transactions (Federal, State or local) terminated for cause or default and

B. If you are unable to certify to any of the statements in this certification, you must attach an explanation to this application.

3. Drug-Free Workplace (Grantees other than Individuals)

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988, 34 CFR Part 85, Subpart F. The regulations require certification by grantees, prior to award, that they will maintain a drug-free workplace. The certification set out below is a material representation of fact upon which reliance will be placed when the agency determines to award the grant. False certification or violation of the certification may be grounds for suspension of payments, suspension or termination of grants, or government-wide suspension or debarment (see 34 CFR Part 85, Section 85.615 and 85.620).

As the duly authorized representative of the grantee, I certify, to the best of my knowledge and belief that the grantee will provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establish an ongoing drug-free awareness program to inform employees about—

(1) the dangers of drug abuse in the workplace,

(2) the grantee's policy of maintaining a drug-free workplace.

(3) any available drug counseling, rehabilitation, and employee assistance programs, and

(4) the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (A) that, as a condition of employment under the grant, the employee will:

(1) abide by the terms of the statement, and

(2) notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction.

(e) Notifying us within ten days after receiving notice under subparagraph (d) (2)) from an employee or otherwise receiving actual notice of such conviction;

(f) Taking one of the following actions, within 30 days of receiving notice under subparagraph (d) (2), with respect to any employee who is so convicted—

(1) taking appropriate personnel action against such an employee, up to and including termination or

(2) requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

G. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f)

Assurances and Certifications

ASSURANCE SIGNATURE: **NOTE: Sign this form and include in the application.**

SIGNATURE: By signing this assurances page, you certify that you agree to perform all actions and support all intentions in the Assurances section.

Organization Name: _____

Program Name: _____

Name and Title of Authorized Representative: _____

Signature: _____

Date: _____

CERTIFICATION SIGNATURE: **NOTE: Sign this form and include in the application.**

Before you start: Before completing certification, please read the Certification Instructions.

SIGNATURE: By signing this Certification page, you certify that you agree to perform all actions and support all intentions in the Certification sections of this application. The three Certifications are:

- ☐ Certification: Debarment, Suspension and Other Responsibility Matters
- ☐ Certification: Drug-Free Workplace
- ☐ Certification: Lobbying Activities

Legal Applicant: _____

Program Name: _____

Name and Title of Authorized Representative: _____

Signature: _____

Date: _____

APPENDIX D - SERVICE CODES (OBJECTIVES TAB)

Not all 3-Digit Codes are applicable to all programs and projects. Double-click on the box and click on "checked."

HEALTH/NUTRITION		
<input type="checkbox"/> Delivery of Health Services	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> HIV/AIDS
<input type="checkbox"/> Health Education	<input type="checkbox"/> Physical Disabilities Programs	<input type="checkbox"/> Immunization
<input type="checkbox"/> Maternal/Child Health Services	<input type="checkbox"/> In-Home Care	<input type="checkbox"/> Other Health/Nutrition
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Hospice/Terminally Ill	<input type="checkbox"/> CHIPS/SCHIPS
<input type="checkbox"/> Congregate Meals	<input type="checkbox"/> Food Distribution/Collection	<input type="checkbox"/> Health Screening
<input type="checkbox"/> Mental Retardation	<input type="checkbox"/> Boarder Babies	
EDUCATION		
<input type="checkbox"/> Pre-Elementary Day Care	<input type="checkbox"/> Tutoring and Child Literacy – High School	<input type="checkbox"/> Service Learning
<input type="checkbox"/> Elementary Education	<input type="checkbox"/> Job Preparedness/Vocation Education	<input type="checkbox"/> Adult Education and Literacy
<input type="checkbox"/> Secondary Education	<input type="checkbox"/> Library Services	<input type="checkbox"/> Other Education
<input type="checkbox"/> Special Education	<input type="checkbox"/> Cultural Heritage	<input type="checkbox"/> After School Programs
<input type="checkbox"/> Tutoring & Child Literacy – Elementary	<input type="checkbox"/> ESL	<input type="checkbox"/> America Reads
<input type="checkbox"/> Tutoring and Child Literacy – Middle School	<input type="checkbox"/> GED/Dropouts	<input type="checkbox"/> Computer Literacy
	<input type="checkbox"/> Head Start/School Preparedness	<input type="checkbox"/> Youth Leadership/Development
ENVIRONMENTAL	DISASTER	HOMELAND SECURITY
<input type="checkbox"/> Waste Reduction/Management/Recycling	<input type="checkbox"/> Disaster Preparedness	<input type="checkbox"/> Homeland Security-Public Health
<input type="checkbox"/> Environmental Awareness	<input type="checkbox"/> Disaster Mitigation	<input type="checkbox"/> Homeland Security-Public Safety
<input type="checkbox"/> Clean Air	<input type="checkbox"/> Disaster Response	<input type="checkbox"/> Homeland Security-Disaster Preparedness/Relief
<input type="checkbox"/> Clean and Safe Water	<input type="checkbox"/> Disaster Recovery	
<input type="checkbox"/> Energy Conservation	<input type="checkbox"/> Other Disaster	
<input type="checkbox"/> Indoor Environment		
<input type="checkbox"/> Toxic Waste Management		
<input type="checkbox"/> Wildlife, Land, Vegetation Protection/Restoration		
<input type="checkbox"/> Other Environment		
<input type="checkbox"/> Community Restoration/Clean Up		
<input type="checkbox"/> Safety/Fire Prevention/Accident Prevention	PUBLIC SAFETY	
<input type="checkbox"/> Adult Offender/Ex-Offender Services/Rehabilitation	<input type="checkbox"/> Community Policing/Community Patrol	<input type="checkbox"/> Sexual Abuse/Rape
<input type="checkbox"/> Child Abuse/Neglect	<input type="checkbox"/> Conflict Resolution/Mediation	<input type="checkbox"/> Children & Youth Safety Programs
<input type="checkbox"/> Crime Awareness/Crime Avoidance	<input type="checkbox"/> Elder Abuse/Neglect	<input type="checkbox"/> Juvenile Justice/Delinquency/Gangs
<input type="checkbox"/> Victim/Witness Assistance	<input type="checkbox"/> Family Violence	<input type="checkbox"/> Legal Assistance
	<input type="checkbox"/> Improvement of Household Security	<input type="checkbox"/> Safe Havens
	<input type="checkbox"/> Neighborhood Watch/Block Watch	<input type="checkbox"/> Other Public Safety
HOUSING	HUMAN NEEDS – GENERAL	
<input type="checkbox"/> Home Management Support/Education	<input type="checkbox"/> Adult Day Care/Senior Center	
<input type="checkbox"/> Homelessness	<input type="checkbox"/> Companionship/Outreach	
<input type="checkbox"/> Housing Referrals/Relocation/Other	<input type="checkbox"/> Crisis Intervention	
<input type="checkbox"/> Housing Rehabilitation/Construction	<input type="checkbox"/> Mentoring	
<input type="checkbox"/> Independent Living-Disabled	<input type="checkbox"/> Respite	
<input type="checkbox"/> Independent Living-Seniors	<input type="checkbox"/> Teen Pregnancy/Parent Support Education	
<input type="checkbox"/> Tenant Organizing	<input type="checkbox"/> Senior Center Program (non-residential)	
<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> Other Human Needs Services	
<input type="checkbox"/> Other Housing		
COMMUNITY AND ECONOMIC DEVELOPMENT		
<input type="checkbox"/> Consumer Education Development	<input type="checkbox"/> Job Development/Placement	<input type="checkbox"/> Other Community
<input type="checkbox"/> Transportation Services	<input type="checkbox"/> Management Consulting	
<input type="checkbox"/> Community Improvement	<input type="checkbox"/> Small/Minority Business	
<input type="checkbox"/> Regional/State/City Planning	<input type="checkbox"/> Tax Counseling/Counseling	
<input type="checkbox"/> Social Services Planning/Delivery	<input type="checkbox"/> Thrift Store	
<input type="checkbox"/> Community-Based Volunteer Programs	<input type="checkbox"/> Microenterprise	
<input type="checkbox"/> Cooperatives/Credit Unions	<input type="checkbox"/> Technology Access	
<input type="checkbox"/> Food Production/Community Gardens/Farming	<input type="checkbox"/> Welfare to Work	

APPENDIX E1: Performance Measurement Worksheet (Output Example)

Output--specify a count of the amount of service members or volunteers have completed, but do not provide information on benefits or other changes in the lives of members and/or beneficiaries.

Intermediate-outcome--specify a change that has occurred in the lives of beneficiaries and/or members, but is still short of a significant, lasting benefit to them.

End-outcome--specify a change that has occurred in the lives of beneficiaries and/or members that is significant and lasting.

Category (Select one and put the performance measure number in the box)

Number (Select One)

<input checked="" type="checkbox"/> NEEDS AND SERVICE ACTIVITIES	<input type="checkbox"/> MEMBER DEVELOPMENT	<input type="checkbox"/> STRENGTHENING COMMUNITIES	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
--	---	--	---------------------------------------	----------------------------	----------------------------

Creating Performance Measures	EXAMPLE: OUTPUT
1. Identify the result you expect to achieve and label as output, intermediate outcome or end outcome.	OUTPUT: Parents of 9th graders at risk of dropping out of school will complete a drop-out prevention program.
2. Describe how you will achieve this result.	5 AmeriCorps members will implement a drop-out prevention program consisting of sixteen classes for parents. The class activities will be designed to provide parents with the skills they need to keep their children in school.
3. What data and instruments will you use to measure the results?	Documentation: Attendance rosters and instructor certification.
4. What are the targets that you expect to meet during the three-year grant period?	First year, parents of 25% of the ninth graders deemed at-risk will complete the drop-out prevention program. Second year, parents of 35% of the ninth graders deemed at-risk will complete the drop-out prevention program. Third year, parents of 50% of the ninth graders deemed at-risk will complete the drop-out prevention program.
5. Restate the complete performance measure by combining steps 1 and 4 above. This is your performance measure .	OUTPUT: Parents of 9th graders at risk of dropping-out complete drop out prevention classes. In the first year, parents of 25% of the ninth graders deemed at-risk will complete the drop-out prevention program.
6. If you have data for this performance measure from prior years , report it here.	No data are available from previous years.

APPENDIX E2: Performance Measurement Worksheet (Int. Outcome Example)

Output--specify a count of the amount of service members or volunteers have completed, but do not provide information on benefits or other changes in the lives of members and/or beneficiaries.

Intermediate-outcome--specify a change that has occurred in the lives of beneficiaries and/or members, but is still short of a significant, lasting benefit to them.

End-outcome--specify a change that has occurred in the lives of beneficiaries and/or members that is significant and lasting.

Category (Select one and put the performance measure number in the box)

Number (Select One)

<input checked="" type="checkbox"/> NEEDS AND SERVICE ACTIVITIES	<input type="checkbox"/> MEMBER DEVELOPMENT	<input type="checkbox"/> STRENGTHENING COMMUNITIES	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3
--	---	--	----------------------------	---------------------------------------	----------------------------

Creating Performance Measures	EXAMPLE:
1. Identify the result you expect to achieve and label as output, intermediate outcome or end outcome.	INTERMEDIATE-OUTCOME: Completion of drop out prevention program leads to a decrease in students' behavioral incidents at school.
2. Describe how you will achieve this result.	5 AmeriCorps members will implement a drop-out prevention program consisting of sixteen classes for parents. The class activities will be designed to provide parents with the skills they need to keep their children in school.
3. What data and instruments will you use to measure the results?	Documentation: School records of behavioral incidents.
4. What are the targets that you expect to meet during the three-year grant period?	In the second year and third years, the frequency of behavioral incidents among students whose parents complete the drop-out prevention classes will be at least 10% lower than students who are on a wait list for the program.
5. Restate the complete performance measure by combining steps 1 and 4 above. This is your performance measure .	INTERMEDIATE-OUTCOME: Completion of drop out prevention program leads to a decrease in students' behavioral incidents at school. In the second year, the frequency of behavioral incidents among students whose parents complete the drop-out prevention classes will be at least 10% lower than students who are on a wait list for the program.
6. If you have data for this performance measure from prior years , report it here.	No data available from prior years on this performance measure.

APPENDIX E3: Performance Measurement Worksheet (End Outcome Example)

Output--specify a count of the amount of service members or volunteers have completed, but do not provide information on benefits or other changes in the lives of members and/or beneficiaries.

Intermediate-outcome--specify a change that has occurred in the lives of beneficiaries and/or members, but is still short of a significant, lasting benefit to them.

End-outcome--specify a change that has occurred in the lives of beneficiaries and/or members that is significant and lasting.

Category (Select one and put the performance measure number in the box)

Number (Select One)

<input checked="" type="checkbox"/> NEEDS AND SERVICE ACTIVITIES	<input type="checkbox"/> MEMBER DEVELOPMENT	<input type="checkbox"/> STRENGTHENING COMMUNITIES	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3
---	--	---	-----------------------------------	-----------------------------------	--

Creating Performance Measures	EXAMPLE:
1. Identify the result you expect to achieve and label as output, intermediate outcome or end outcome.	END OUTCOME: Completion of drop out prevention program leads to decrease in student drop out rate.
2. Describe how you will achieve this result.	5 AmeriCorps members will implement a drop-out prevention program consisting of sixteen classes for parents. The class activities will be designed to provide parents with the skills they need to keep their children in school.
3. What data and instruments will you use to measure the results?	Documentation: School records.
4. What are the targets that you expect to meet during the three-year grant period?	In the third year, the children of parents who complete the drop-out prevention program exhibit a 12% lower drop-out rate than the students who are on a wait list for the program.
5. Restate the complete performance measure by combining steps 1 and 3 above. This is your performance measure .	Performance Measure : In the third year, the children of parents who complete the drop-out prevention program exhibit a 12% lower drop-out rate than the students who are on a wait list for the program.
6. If you have data for this target from prior years , report it here.	No data are available for previous years.

OMB Control #: 3045-0047

Expiration Date: 03/31/2005

APPENDIX F - BUDGET INSTRUCTIONS

Before You Begin: In *eGrants*, the preparation of a detailed budget provides the data that populates and creates the summary budget form. Your detailed budget must provide a full explanation of associated costs including their purpose, justification, and the basis of your calculations. Where appropriate, your calculations should be presented in an equation format, identifying the number of persons involved with the event, the per person/unit cost, and/or the annual salary cost.

Summary of statutory budget requirements:

- ◆ You must match at least 15% of all member costs (Budget Section II) with non-federal cash. The source(s) may be state, private sector, or other non-federal funds in accordance with applicable AmeriCorps requirements. (Note: the match will be higher for programs that choose to pay higher living allowances.)
- ◆ You must match with cash or in-kind contributions at least 33% of the project's total operating costs (Budget Section I and Section III). The source(s) may be federal, state, private sector, or other funds in accordance with applicable AmeriCorps requirements. The Corporation share of these costs may not exceed 67% of the project's total operating costs.
- ◆ Equipment costs must not exceed 10% of the total federal share.
- ◆ Administrative costs must not exceed 5% of the total Corporation funds requested.

Consistency of treatment: To be allowable under this award, costs must be consistent with policies and procedures that apply uniformly to both federally financed and other activities of the applicant. Furthermore, the costs must be accorded consistent treatment in both federally financed and other activities as well as between activities supported by different sources of federal funds.

Section I. Operating Costs

A. Personnel Expenses

Include the portion of principal staff time attributed directly to the operation of the AmeriCorps project. List each staff position.

B. Personnel Fringe Benefits

Include costs of benefit(s) for your project staff. You can identify and calculate each benefit or show cost as a percentage of all salaries.

C. 1. Staff Travel

Describe the purposes for staff travel. Costs allowable are transportation, lodging, subsistence, and other related expenses for local and outside the project area travel.

C. 2. Member Travel

Describe the purpose for which project members will travel. Costs allowable under this category are transportation, lodging, subsistence, and other related expenses for members to travel outside their service location or between sites. Costs associated with traveling locally, such as bus passes to local sites, mileage reimbursement for use of car, etc., may be included in this category.

D. Equipment

Equipment is defined as tangible, non-expendable personal property having a useful life of more than one year AND an acquisition cost of \$5,000 (five thousand) or more per unit (including accessories, attachments, and modifications). Include items that do not meet this definition in **E. Supplies** below. Purchases of equipment are limited to 10% of the

total grant amount, i.e., the federal share of all budget line items. If applicable, show the unit cost and number of units you are requesting.

E. Supplies

Include the funds for the purchase of consumable supplies and materials, including Member Service Gear and equipment that does not fit the definition above. You must individually list any single item costing \$1,000 (one thousand) or more.

F. Contractual and Consultant Services

You may include costs for consultants related to the project's operations. Consultants used for evaluation should be included in **H. Evaluation** below. Payments to individuals for consultant services under this grant may not exceed \$443 per day (exclusive of any indirect expenses, travel, supplies, etc.). Where applicable, indicate the daily rate for consultants.

G. 1. Staff Training

Include the costs associated with training of staff working directly on the project, especially training that specifically enhances staff project implementation and professional skills, i.e., project or financial management, team building, etc. Indicate daily rates of consultants, where applicable.

G. 2. Member Training

Include the costs associated with the training of members that will support them in carrying out their service activities, e.g., Orientation, project-specific skills such as age-appropriate tutoring, CPR, ecosystems and the environment, Life After AmeriCorps, etc. Indicate daily rates of consultants, where applicable.

H. Evaluation

Include costs for project evaluation activities, including additional staff time or subcontracts you did not budget under Section I A. Personnel Expenses, use of evaluation consultants, purchase of instrumentation and other costs specifically for this activity. This **does not** include the daily/weekly gathering of data to assess progress toward project objectives, but is a larger assessment of the impact your project is having on the community, as well as an assessment of the overall systems and project design. Indicate daily rates of consultants, where applicable.

I. Other Operating Costs

Allowable costs in this category may include travel to Corporation-sponsored meetings and background checks of members if their service activities involve contact with vulnerable populations, i.e., children, the elderly, disabled, etc. In addition, these costs may include office space rental (for sites where projects are operating, while national office space rental may be unallowable – check relevant OMB Circulars), utilities, and telephone and Internet expenses that are specifically used for AmeriCorps members, directly involve AmeriCorps project staff, and are not part of the organizations indirect cost/admin cost. If shared with other projects or activities, you must prorate the costs equitably. List each item and provide a justification in the budget narrative.

Travel to Corporation-Sponsored Meetings – If you are an Indian Tribe, U.S. Territory, or a project applying through the state commission, you should include up to \$2,000 in this line item to cover the cost of Corporation-sponsored technical assistance meetings.

Subtotal Section I.

This line totals all the categories in Section I. The Corporation Share of Sections I and III cannot be more than 67% of the total of Sections I and III of the complete budget.

Match. Describe the grantee match contribution for Section I by clearly indicating the source(s), the type of contribution (cash or in-kind), the amount (or estimate), and the intended purpose of the match. You may enter this information in any category in the Purpose-Calculation field.

Section II. Member Costs

You must match at least 15% of member support costs with non-federal cash. The source(s) may be state, private sector, or other non-federal funds in accordance with applicable AmeriCorps requirements.

A. Living Allowance

The narrative should clearly identify the number of members you are supporting by category (i.e., full-time, half-time, reduced-half-time, quarter-time, minimum-time) and the amount of living allowance they will receive, allocating appropriate portions between the Corporation and grantee match. The grantee match must be at least 15% of the total.

Members – Enter the total number of members you are requesting in each category. Enter the amount of the living allowance for each type of member. Enter the number of members for which you are not requesting funds for a living allowance, but for which you request education awards.

Calculating the Living Allowance - Generally, all full-time members must receive a living allowance between \$10,197 (minimum) and \$20,394 (maximum). You are not required to provide living allowances for members serving less than full time. The federal share (including Corporation funds) will support up to 85% of the minimum living allowance amount. The maximum federal share of the living allowance for each type of member is shown in the chart on the next page. Please note that if your half-time program requires more than 900 but less than 1,700 hours, you may prorate the maximum living allowance to be between \$10,197 and \$20,394, but the maximum federal share remains \$4,589.

Item	# Mbrs	Allowance Rate	# w/o Allow	Total Amount	CNCS Share	Grantee Share
Full Time (1700 hrs)						
Half Time (900 hrs)						
Reduced Half Time (675 hrs)						
Quarter Time (450 hrs)						
Minimum Time (300 hrs)						
2 nd Year of 2-Year Half Time						
Totals						

	# of Hours ¹	Ed Award	FTE ²	Maximum Total Living Allowance	Maximum CNCS/Federal Share of Living Allowance ³
Full Time	1700	\$4,725.00	1.000	\$20,394.00	\$8,667.00
One Year Half Time	900	\$2,362.50	0.500	\$10,797.00	\$4,589.00
Two Year Half Time	900	\$2,362.50	0.250	\$10,797.00	\$4,589.00 ⁴
Reduced Half Time	675	\$1,800.00	0.375	\$ 8,098.00	\$3,441.00
Quarter Time	450	\$1,250.00	0.250	\$ 5,398.00	\$2,294.00
Minimum Time	300	\$1,000.00	0.200	\$ 3,599.00	\$1,536.00

¹ Represents the minimum number of hours a member serves.

² Used to calculate cost/FTE and is fixed regardless of the number of hours served.

³ CNCS/Federal share of living allowance is fixed for all positions regardless of hours served (this is current policy of FT and HT positions); projects are not required to provide living allowance to less than full-time members.

⁴ One-half of living allowance is awarded in each of two years.

If you want to provide a living allowance in excess of the minimum, you must provide a grantee match for all funds over the amount in the column titled “Maximum CNCS/Federal Share of Living Allowance.” For example, if you desire to provide a \$12,000 living allowance to your full-time members and if you requested the maximum federal share of \$8,667, you would then have to provide match of \$3,333. Projects in existence prior to September 21, 1993 when the National and Community Service Trust Act of 1993 was enacted (see *Member Living Allowance Exceptions, Prior Existence*, 2004 Guidelines, p. 29) may offer a living allowance lower than the minimum (\$10,197) to full-time members but federal funds (including Corporation funds) will support only 85% of the total amount.

B. Member Support Costs

Consistent with the laws of your state, you must provide members with the benefits described below. The grantee match for this budget category must be **cash** and its source must be state, local, or private sector funds, except for health insurance. In addition, any costs budgeted above the 15% minimum can be matched with other federal funds. Identify the federal share and describe any match contribution(s) as previously instructed.

- **FICA.** Unless exempted by the IRS with accompanying documentation, all projects must pay FICA for any member receiving a living allowance, even when the Corporation does not supply the living allowance. In the first column next to FICA, indicate the number of members who will receive FICA. Calculate the FICA at 7.65% of the total amount of the living allowance.
- **Worker's Compensation.** Some states require worker's compensation for AmeriCorps members. You must check with your State Department of Labor or state commission to determine if you are required to pay worker's compensation and at what level. If you are not required to pay worker's compensation you must obtain Occupational, Accidental, Death and Dismemberment coverage for members to cover in-service injury or incidents.
- **Health Insurance. NOTE:** You must offer health care benefits to full-time members in accordance with AmeriCorps requirements. Except as stated below you may not pay health care benefits to half-time members with federal funds. You may choose to provide health care benefits to half-time members from other sources (i.e., non-federal). Half-time members who are serving in a full-time capacity for a sustained period of time (such as a full-time summer project) may be eligible for health care benefits supported with our funds, subject to applicable match requirements. However, the Corporation must either approve this in the grant agreement or by prior written approval. In your budget narrative, indicate the number of members who will receive the project's existing Health Care benefits. If you have an existing health benefit policy for your full-time members that meets minimum requirements, you may request 85% of those as federal funds. You must match the remainder in cash. The federal share will not pay for dependent coverage.
- **Other.** Include any other required member support costs here. **The District of Columbia does not require unemployment coverage for their AmeriCorps members. You cannot charge the cost of unemployment insurance taxes to this grant.**

Subtotal Section II. This line totals the categories in Section II. The Corporation Share of Section II cannot be more than 85% of the total of Section II.

Match. Describe the grantee match contribution for Section II by clearly indicating the source(s), the type of contribution (cash or in-kind), the amount (or estimate), and the intended purpose of the match. You can enter this information in the Purpose/Category field in Section B, Member Support Costs. Remember that at least 15% of the total cost must be non-federal cash match.

Section III. Administrative/Indirect Costs (choose either A OR B)

Applicants can choose to use one of two methods to calculate allowable administrative costs – a Corporation Fixed Percentage method (Option A) or a Federally Approved Indirect Cost Rate method (Option B). Select **only one** of these options. The Corporation/federal share of administrative costs is limited by statute to 5% of total federal funds actually expended under this grant. To calculate the maximum federal share of 5%, multiply 5.26% (i.e., .0526) by the sum of the federal share subtotals for Sections I and II. This total is the maximum amount the applicant may request from the Corporation for this budget category.

Administrative costs are general or centralized expenses of overall administration of an organization that receives Corporation funds and does not include particular project costs. For organizations that have an established indirect cost rate for Federal awards, administrative costs mean those costs that are included in the organization's indirect cost rate. Such costs are generally identified with the organization's overall operation and are further described in Office of Management and Budget Circulars A-21, A-87, and A-122. For organizations that do not have an established indirect cost rate for federal awards, administrative costs include:

1. costs are financial, accounting, auditing, contracting or general legal services, except in unusual cases whether they are specifically approved in writing by the Corporation as project costs;
2. costs for internal evaluation, including overall organization's management improvement costs (except for independent and internal evaluations of the project evaluations that are specifically related to creative methods of quality improvement); and
3. costs for general liability insurance that protects the organization(s) responsible for operating a project, other than insurance costs solely attributable to the project.

Administrative costs may also include that portion of salaries and benefits of the project's director and other administrative staff not attributable to the time spent in support of a specific project. The principles that pertain to the allocation and documentation of personnel costs are stated in the OMB circulars that are incorporated in Corporation regulations [45 CFR 2541.220(b)].

Administrative costs ***do not*** include the following allowable expenses directly related to a project (including their operations and objectives), such as:

1. allowable direct charges for members, including living allowances, insurance payments made on behalf of members training and travel;
2. costs for staff (including salary, benefits, training and travel) who recruit, train, place or supervise members or who develop materials used in such activities, if the purpose is for a specific project objective;
3. costs for independent evaluations and any internal evaluations of the project that are related specifically to creative methods of quality improvement;
4. costs, excluding those already covered in an organization's indirect cost rate, attributable to staff that work in a direct project support, operational, or oversight capacity, including, but not limited to: support staff whose functions directly support project activities; staff who coordinate and facilitate single or multi-site project activities; and staff who review, disseminate and implement Corporation guidance and policies directly relating to a project;
5. space, facility and communications costs that primarily support project operations, excluding those costs that are already covered by an organization's indirect costs rate; and
6. other allowable costs, excluding those costs that are already covered by an organization's indirect cost rate, specifically approved by the Corporation as directly attributable to a project.

Indirect Cost Rates.

1. If grantees have an approved indirect cost rate, such rate will constitute documentation of the grantee's administrative costs including the 5% maximum payable by the Corporation and the grantee match of administrative costs.
2. If a grantee wants to claim more than 10% match in administrative costs it must have or obtain an approved indirect cost rate. Where appropriate, the Corporation will establish an indirect cost rate that may be used for this and other Federal awards.
3. **DC CNCS requires a portion of the federal share to use in administering grants to its subgrantees. This amount is 1% of the maximum 5% federal share and, therefore, the subgrantee's portion must not exceed 4% of the maximum federal share.**

A. Corporation Fixed Percentage Method

If you choose Option A, you may charge, for administrative costs, a fixed 5% of the total of the federal funds expended. In order to charge this fixed 5%, the grantee match for administrative costs may not exceed 10% of all direct cost expenditures. These rates may be used without supporting documentation and are in lieu of a formally approved indirect cost rate.

1. Multiply the sum of the Corporation shares of Sections I and II by .0526. This is the maximum amount you can request as federal share. Enter this amount as the Corporation share for Section III A.
2. Then multiply the total Corporation and Grantee shares of Sections I and II by 10% (.1) and enter this amount as the grantee share for Section III A.
3. Enter the sum of the Corporation and grantee shares under Total Amount.

B. Federally Approved Indirect Cost Rate Method

Applicants who choose to use their federally approved indirect cost (IDC) rate to calculate administrative costs should select Option B. Specify the Cost Type for which your organization has current documentation on file, i.e., Provisional, Predetermined, Fixed, or Final indirect cost rate. Supply your approved IDC rate (percentage). It is at your discretion whether or not to use your entire IDC rate to calculate administrative costs. If you choose to claim a lower rate, please include this rate under the Rate Claimed field.

1. Determine the amount of direct costs to which you will apply the IDC rate, including both the Corporation and Grantee's shares, as proscribed by your organization (i.e., based on salaries and benefits, total direct costs, or other). Then multiply the appropriate direct costs by the rate being claimed. This will determine the total amount of indirect costs allowable under the grant.
2. Multiply the sum of the Corporation share in Sections I and II by .0526. This is the maximum amount you can claim as the Corporation share of indirect costs.
3. Subtract the amount calculated in step 2 from the amount calculated in step 1. This is the amount the applicant can claim as grantee share for administrative costs.

Subtotal Section III. Transfer your figures to the budget form as allocated to the Corporation and grantee shares; then add each column to arrive at the subtotal for Section III.

APPENDIX G - BUDGET WORKSHEET

Section I. Program Operating Costs

A. Personnel Expenses

Position/Title	Qty	Annual Salary	% Time	Total Amount	CNCS Share	Grantee Share
Totals						

B. Personnel Fringe Benefits

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

C.1. Staff Travel

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

C. 2. Member Travel

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

B. Equipment

Item/Purpose	Qty	Unit Cost	Total Amount	CNCS Share	Grantee Share
Totals					

E. Supplies

Item	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

F. Contractual and Consultant Services

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

G.1. Staff Training

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

G.2. Member Training

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

H. Evaluation

Purpose	Calculation	Daily Rate	Total Amount	CNCS Share	Grantee Share
Totals					

A. Other Program Operating Costs

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

Section II. Member Costs**A. Living Allowance**

Item	# Mbrs	Allowance Rate	# w/o Allowance	Total Amount	CNCS Share	Grantee Share
Full Time (1700 hrs)						
Half Time (900 hrs)						
Reduced Half Time (675 hrs)						
Quarter Time (450 hrs)						
Minimum Time (300 hrs)						
2 nd Year of 2-Year Half Time						
Totals						

B. Member Support Costs

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Totals				

Section III. Administrative/Indirect Costs**A. Corporation Fixed Percentage Method**

Purpose	Calculation	Total Amount	CNCS Share	Grantee Share
Corporation Fixed Amount	4% of federal share * \$			
Totals				

B. State-established Indirect Cost Rate Method

Cost Type	Basis	Calculation	Rate	Rate Claimed	Total Amount	CNCS Share	Grantee Share
DC CNCS Indirect Cost			1% of federal share				
Totals							

APPENDIX H - BUDGET			Applicant Organization:			
SECTION I: PROGRAM OPERATING COSTS			Column 2	Column 3	Column 4	Column 5
Column 1						
A. Personnel	Annual Salary	% Time Spent on Program	Total Program Cost	Corporation Funds Requested	Grantee Match	
Subtotal - Personnel			\$	\$	\$	
B. Benefits (includes FICA, Worker's Comp, Leave, other Fringe, etc.)						
C. 1. Staff Travel						
C. 2. Member Travel						
D. Equipment (not greater than 10% of total CNS budget costs)						
E. Supplies (includes Member Service Gear)						
F. Contracts & Consultants						
G.1. Training – Staff						
G.2. Training – Member						
H. Evaluation (Consultant daily rate not to exceed CNS maximum \$443/day)						
I. Other (includes CNS-sponsored meetings)						
(Grantee Funds minimum 33% of total Operating Costs) Subtotal SECTION I.			\$	\$	\$	
SECTION II: MEMBER COSTS			Column 3	Column 4	Column 5	
A. Living Allowance	No. of Members with Living Allowance	No. without Living Allowance				
1 year FT 1700 hours	\$ #	#				
1 year PT 900 hours	\$ #	#				
Expanded PT 675 hours	\$ #	#				
Quarter Time 450 hours	\$ #	#				
Minimum Time 300 hours	\$ #	#				
B. FICA (7.65% of Total Member Living Allowances)						
C. Worker's Compensation (or other Death & Dismemberment coverage)						
D. Health Care (required for FT Members, optional for PT; must meet CNCS Requirements)						
E. Other Member Costs (includes unemployment coverage if required by State law)						
Subtotal (add items A through E above, total not to exceed 85% CNS Funds and provide minimum 15% Grantee Funds – Cash Match only)				\$	\$	
Subtotal SECTION II.			\$	\$	\$	
SECTION III: ADMINISTRATIVE COSTS						
A. Grantee Administrative Costs (CNS Admin not to exceed 4 % of CNS Section I + Section II) (Up to 10% Match allowed without approved Indirect Cost Rate)						
State-established Indirect Cost Rate (DC CNCS 1% of federal share)						
Subtotal SECTION III.			\$	\$	\$	
TOTAL PROGRAM OPERATING BUDGET (Sum of SECTIONS I and III)				(maximum 67%)	(minimum 33%)	
TOTAL BUDGET COSTS			\$	\$	\$	

Corporation Cost per FTE \$_____

APPENDIX I - BUDGET ANALYSIS CHECKLIST

Below is a checklist to help you make certain that you submit an accurate budget narrative and budget that meets AmeriCorps requirements. Read the guidance in the right column when reviewing your budget worksheet and place a check in the left column with your response.

In Compliance?

Section I. Program Operating Costs

- | | |
|--|--|
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Costs charged under the Personnel line item directly relate to the operation of the AmeriCorps project? Examples include costs for staff who recruit, train, place, or supervise members as well as manage the project |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Staff indirectly involved in the management or operation of the applicant organization are funded through the administrative cost section (Section III.) of the budget? Examples of administrative costs include central management and support functions. |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Staff fundraising expenses are not charged to the grant? You may not charge AmeriCorps staff members' time and related expenses for fundraising to the federal or grantee share of the grant. Expenses incurred to raise funds must be paid out of the funds raised. Development officers and fundraising staff are not allowable expenses. |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Funds to pay relocation expenses of AmeriCorps members are not in the federal share of the budget? |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Funds for the purchase of equipment (does not include general use office equipment) are limited to 10% of the total grant amount? |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | All single equipment items over \$5000 per unit are specifically listed? |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | All single supply items over \$1000 per unit are specifically listed? |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Justification/explanation of equipment items is included in the budget narrative? |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Have the Guidelines concerning service gear been followed?
If a project chooses to purchase the standard service gear package, it should budget \$35.00 per member. If the project needs the collared-shirt, it should budget between \$35 and \$70 per member. The federal share can be up to \$150 per member for additional safety apparel that is necessary to perform daily service activities. You must include a justification for these additional items in the budget narrative. |

Yes ___ No ___

Are all consultant services budgeted below the maximum federal daily rate of \$443/day?

Yes ___ No ___

Does the budget reflect adequate budgeted costs for project evaluation?

Yes ___ No ___

Are all items in the budget narrative itemized and justified?

Yes ___ No ___

You have included up to \$2,000 for travel to CNCS-sponsored meetings in the budget narrative? (up to \$750 for National Directs)

Yes ___ No ___

Have you provided budgeted costs for background checks of members that will be serving vulnerable populations?

Yes ___ No ___

Are all "Project Operating Costs" matched at least 33% by your project with cash or in-kind contributions?

Section II. Member Costs

Yes ___ No ___

Correct living allowance? Full-time AmeriCorps members must receive at least the minimum living allowance of \$10,197. Note: Programs in existence prior to September 21, 1993 may offer a lower living allowance than the minimum. If such a program chooses to offer a living allowance, it is exempt from the minimum requirement, but not from the maximum requirement, i.e. \$20,394. Projects are not required to provide half-time members living allowances; but if they do, identify the appropriate living allowance listed in the Budget Narrative Instructions.

Yes ___ No ___

Does the budget provide non-federal cash match for all Member Costs, except health care? You cannot use other federal funds for the first 15% of match of living allowance, FICA, or worker's compensation.

Yes ___ No ___

Does the budget provide cash match for Member Costs at the grantee minimum 15%? If you are budgeting use of work-study funds, there must be an aggregate 15% non-federal share of all Member Costs.

Yes ___ No ___

The federal share of living allowance for full-time members is not more than \$8,667? Regardless of the size of the living allowance, the federal share cannot exceed the statutory 85% of the minimum living allowance.

Yes ___ No ___

The federal share of living allowance for half-time members is not more than \$4,589? As with full-time members, projects may provide a higher living allowance, but the federal share cannot exceed \$4,589.

Yes ___ No ___

Living allowances are not paid on an hourly basis? They may be calculated using service hours and program length to derive a weekly or biweekly distribution amount. The distribution should occur in equal increments that are not based on the specified number of hours served.

Yes ____ No ____

Is FICA calculated correctly? All projects must pay FICA for any member receiving a living allowance. Unless exempted by the IRS, projects must calculate FICA at 7.65% of the total amount of the living allowance.

Yes ____ No ____

Is the Worker's Compensation calculation correct? Some states require worker's compensation for AmeriCorps members. Projects must check with your local State Department of Labor or State Commission to determine whether or not your project is required to pay worker's compensation and at what level (i.e., rate). Projects that are not required to pay worker's compensation need to provide similar coverage for members' on-the-job injuries through their own existing coverage or a new policy purchased in accordance with normal procedures (i.e., Death and Dismemberment coverage).

Yes ____ No ____

Health care is provided for qualified full-time AmeriCorps members only (unless half-time serving for a sustained full-time period of time such as summer service)?

If your project chooses to provide health care to other half-time members, you may not use federal funds to help pay for any portion of the cost. Projects must provide health care coverage to all full-time members who do not have adequate health care coverage at the time of enrollment or who lose coverage due to participation in the project. In addition, projects must provide coverage if a full-time member loses coverage during the term of service through no deliberate act of his/her own. If projects already carry minimum benefits at a reasonable cost, they may use existing policies to cover members. The federal share will not cover health care costs for family members. *Tribes should budget \$924 per full-time member as match.*

Section III. Administrative/Indirect Costs

Yes ____ No ____

Applicant has chosen Option A – Corporation Fixed Percentage Method and the maximum federal share of administrative costs does not exceed 5% of the total federal funds budgeted?
To determine the federal administrative share, multiply all other budgeted federal funds by .0526.

Yes ____ No ____

Applicant has chosen Option B – Federally Approved Indirect Cost Rate Method and documentation on file?
Administrative costs budgeted include the following: (1) indirect costs such as legal staff, central management and support functions; (2) costs for financial, accounting, audit, internal evaluations, and contracting functions; (3) costs for insurance that protects the entity that operates the project; and (4) the portion of the salaries and benefits of the director and any other project administrative staff not attributable to the time spent in direct support of a specific project.

Yes ____ No ____

For all matching funds, the source(s), the type of contribution (cash or in-kind), the amount (or an estimate), and the intended purpose are clearly identified in the narrative.

APPENDIX J - DEFINITIONS

Act means the National and Community Service Act of 1990, as amended (42 U.S.C. §12501 *et seq*).

Approved national service position means a national service position for which the Corporation has approved the provision of a national service education award as one of the benefits provided for successful service in the position.

Eligible Member means an individual: (1) who is enrolled in an approved national service position; (2) who is a U.S. citizen, U.S. national or lawful permanent resident alien of the United States; (3) who is at least 17 years of age at the commencement of service unless the member is out of school and enrolled **(a)** in a full-time, year-round youth corps Program or full-time summer Program as defined in the Act (42 U.S.C. §12572 (a) (2)), in which case he or she must be between the ages of 16 and 25, inclusive, or **(b)** in a Program for economically disadvantaged youth as defined in the Act (42 U.S.C. §12572 (a)(9)), in which case he or she must be between the ages of 16 and 24, inclusive; and (4) has a high school diploma or an equivalency certificate [or agrees to obtain a high school diploma or its equivalent before using an education award] and who has not dropped out of elementary or secondary school in order to enroll as an AmeriCorps member (unless enrolled in an institution of higher education on an ability to benefit basis and is considered eligible for funds under section 484 of the Higher Education Act of 1965, 20 U.S.C. §1091), or who has been determined through an independent assessment conducted by the Program to be incapable of obtaining a high school diploma or its equivalent (provided that the Corporation has waived the education attainment requirement for the individual).

Indian tribe means a federally-recognized Indian Tribe, band, nation, or other organized group or community, including any Native village, Regional Corporation, or Village Corporation, as defined under the Alaska Native Claims Settlement Act (43 U.S.C. § 1602), that the United States Government determines is eligible for special programs and services provided under federal law to Indians because of their status as Indians. Indian Tribes also include any tribal organization controlled, sanctioned, or chartered by one of the entities described above.

Program means a national service Program, described in the Act (42 U.S.C. §12572(a)), carried out by the Grantee through funds awarded by the Corporation and carried out in accordance with federal requirements.

Project means an activity or set of activities carried out by a Program that results in a specific, identifiable community service or improvement: (1) that otherwise would not have been made with existing funds; and (2) that does not duplicate the routine services or functions of the organization to whom the members are assigned.

Project sponsor means an organization or other entity that has been selected to provide a placement for a member.

State Commission means, for the purposes of these application instructions, the Commission on National and Community Service established by a state pursuant to the Act (42 U.S.C. §12638), including an authorized alternative administrative entity to administer the state's national service plan and national service programs and to perform such other duties prescribed by law.